Filed 06/16/2005

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U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF /	COURT CASE NUMBER
CONNAD V. MURPHY	04-12724-561
DEFENDANT / / / / /	TYPE OF PROCESS
RATHLEEN WI. DENNEHY, Comm C	TAL, CIVIL ACTION CASE
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERV	/E OR DESCRIPTION OF PF.OPERTY TO SEIZE OR CONDEMN
BEVEN M. OHEARN	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT MCI CEDAR JUNCTION, P.O.BOXIO	50.WALTOLE, MA 02071-0100
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELO	Number of process to be
POLLAND IL MURANV 11-117727	I served with this Form - 285
CONRAD Y. MURPHY, W-47737 MCICEDAR JUNCTION P.O. BOX100	Number of parties to be
PI) BUYION	served in this case
SO. WAIPOLE, MA 02071-0100	
	Check for service
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDI	TING SERVICE (Include Diviness and Alements Addresses All
Telephone Numbers, and Estimated Times Available For Service):	
Fold	705 Fold
	MAR BO
	S 25 m
	<b>6</b> 70 100 100 100 100 100 100 100 100 100
	U ASE
	# AFF
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMEER NO DATE
Louis V. Mulloh Defen	
SPACE BELOW FOR USE OF C.S. MARSHAL ONLY —	DO NOT WRITE RELOW THIS LINE
	——————————————————————————————————————
I acknowledge receipt for the total number of process indicated.  Total Process District District Signature of A to Serve	Authorized USMS Deputy or Glerk Date
(Sign only first USM 285 if more	en Julanen 10/6/65
	0 10/10/03
I hereby certify and return that I $\square$ have personally served. A have legal evidence of service, $\square$ hon the individual, company, corporation, etc., at the address shown above or on the individual, co	have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, co	impany, corporation, etc., shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation	on, etc., named above (See r:marks below)
Name and title of individual served (if not shown above)	A person of suitable age and dis-
Chen/ Mahen	cretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am
C	12/10 (10)
	D/2/0 / / pm
	Signature of U.S. Marshal or Deputy
	- Meller C
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposit	Amount owed to U.S. Marshal or Amount of Refund
(including endeavors)	
REMARKS:	
	1.
	( )

Sarah Allison Thornton

DATE

CLERK

(By) DEPUTY CLERK